



DEPARTMENT OF THE NAVY  
BUREAU OF NAVAL PERSONNEL  
5720 INTEGRITY DRIVE  
MILLINGTON TN 38055-0000

5720  
PERS 00J6/20190415  
May 16, 2019

Ms. Jenny Maynard  
Ailes & Associates  
9400 N. Broadway Ext.  
Suite 500  
Oklahoma, OK 73114

Dear Ms. Maynard:

SUBJECT: YOUR FREEDOM OF INFORMATION ACT (FOIA) REQUEST

This is in response to your Freedom of Information Act (FOIA) request in which you seek a copy of service treatment records and a DD Form 214 pertaining to Mark A. Pendergraft. The main Navy FOIA Office (DNS-36) assigned the portion of your request seeking an applicable DD Form 214 to this command for direct reply to you. The partial assignment of your request was received in this office on May 16, 2019, and has been assigned FOIA correspondence file number CNPC20190415 by this command.

The HIPAA release authorization provided is insufficient for disclosure of the responsive DD Form 214 in un-redacted form. A releasable copy of the responsive DD form 214 is enclosed. The redacted portions of the document are exempt from disclosure under FOIA exemption 6 [5 U.S.C. § 552(b)(6)]. Release of such information would be a clearly unwarranted invasion of the personal privacy of Mark A. Pendergraft and other identified individuals.

Appeal rights are being provided to you although you stated in an email to DNS-36 that receipt of a redacted copy of the DD Form 214 would be acceptable. Should you consider this a partial denial of your request by this command, you are advised of your right to appeal this determination in writing to the Office of the Judge Advocate General, OJAG Code 14, 1322 Patterson Avenue SE Suite 3000, Washington Navy Yard, DC 20374-5066.

If an appeal is deemed necessary, it must be received in that office within 90 calendar days from the date of this letter, in order to be considered. To expedite an appeal, you should enclose a copy of this letter and a copy of the original request along with a statement regarding why your appeal should be granted. The letter of appeal and the envelope should bear the notation, "FOIA/PA APPEAL."

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I am the official responsible for the partial denial of your request. Should you wish to discuss the processing of your request, you may contact the undersigned at (901) 874-3165. You may also contact the DON FOIA Public Liaison, Christopher Julka, at [Christopher.a.julka@navy.mil](mailto:Christopher.a.julka@navy.mil) or (703) 697-0031.

You may also contact the Office of Government Information Services (OGIS) as they provide a voluntary mediation process for resolving disputes between persons making FOIA requests and the Department of the Navy (DON). For more information, please go to:

<https://www.archives.gov/ogis/about-ogis/contact-information>.

Sincerely,

*D.P. German*

D. P. GERMAN  
FOIA/PA Officer  
By direction

1. NAME (Last, First, Middle) <b>THOMAS, RAYMOND ALAN</b>	2. DEPARTMENT, COMPONENT AND BRANCH <b>NAVY-SEC</b>	3. CAPITAL CITY/STATE AND ZIP <b>(b)(6)</b>
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4. GRADE, RATE OR RANK PFC	5. PAY GRADE E1	6. DATE OF BIRTH (YYMMDD) (b)(6)	7. RESERVE OBLIG. TERM. DATE Year 99 Month 14 Day 18
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7.a. PLACE OF ENTRY INTO ACTIVE DUTY (b)(6) <b>OK</b>	7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) (b)(6) <b>OK</b>
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8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND MCTC PORT HUENEME CA	8.b. STATION WHERE SEPARATED CDC PORT HUENEME CA
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<p>9. COMMAND TO WHICH TRANSFERRED</p> <p><b>WDC OKLAHOMA CITY OK</b></p>	<p>10. SGLI CO (b)(6)</p> <p>Amount:</p>
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<b>11. PRIMARY SPECIALTY</b> (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) <b>SU - 0000</b> <b>XX</b> <b>XX</b> <b>XX</b> <b>XX</b> <b>XX</b> <b>XX</b>				<b>12. RECORD OF SERVICE</b>			Year(s)	Month(s)	Day(s)
a. Date Entered AD This Period				92	JUN	09			
b. Separation Date This Period				92	NOV	13			
c. Net Active Service This Period				00	05	05			
d. Total Prior Active Service				00	00	00			
e. Total Prior Inactive Service				00	05	21			
f. Foreign Service				00	00	00			
g. Sea Service				00	00	00			
h. Effective Date of Pay Grade				92	JUN	09			

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

**NATIONAL DEFENSE SERVICE MEDAL**

XX

XX

XX

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)

BU "A" SCHOOL, 13 WKS, NOV 92	XX
XX	XX
XX	XX
XX	XX

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	(b)(6)	Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	(b)(6)	Yes	No	16. DAYS ACCRUED LEAVE PAID
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17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION (b)(6)

1. REMARKS

10. MAILING ADDRESS AFTER CEREBRATION (Include Zip Code)	11. NEAREST RELATIVE (Name and address, include Zip Code)
(b)(6)	(b)(6)

(b)(6) (b)(6)

2B. MEMBER REQUESTS COPY 6 BE SENT TO \_\_\_\_\_  
(6)

23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE (include upgrades)
	(b) (6)

<b>RELEASED FROM ACDUTRA</b>		(b)(6)
<b>25. SEPARATION AUTHORITY</b> (b)(6)	<b>26. SEPARATION CODE</b> (b)(6)	<b>27. REENTRY CODE</b> (b)(6)

**III. NARRATIVE REASON FOR SEPARATION** (b)(6)

(b)(6)

29. DATES OF TIME LOST DURING THIS PERIOD